

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSSTATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEESTYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION
ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No.

00136774-50

2. Type of Filing

a. ☒ Original ORb. ☐ Amendment to Item(s) #

c. Date Change(s) Took Place

1 1

3. Full Name of Committee

CITIZENS TO ELECT STEPHEN M. KRULL

4. Candidate Last Name

KRULL

First Name

STEPHEN

M.I. M

4a. County of Residence

MACOMB

4b. Political Party (If applicable)

4c. Driver License # (Optional)

K-640-777-603-298

4d. Office Sought: (Check one)

- ☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Representative ☐ Secretary of State ☐ State Board of Education
☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ Court of Appeals
☐ District Court ☐ Probate Court ☐ Detroit Records Court ☐ Supreme Court Justice ☐ Circuit Court

4e. District # or Jurisdiction

☒ Local or Other (Please Specify) CHESTERFIELD TOWNSHIP TRUSTEE

5. Date Committee Was Formed

04-17-00 (Mo/Day/Yr)

6. Committee Area Code and Phone Number

810-598-5863

7. Committee Mailing Address (May be P. O. Box) Include Zip Code

SAME

7a. Committee Street Address (May not be P. O. Box)

52924 BURGESS DRIVE
CHESTERFIELD TOWNSHIP, MI 48047

8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.)

KRULL, STEPHEN M.
52924 BURGESS DRIVE
CHESTERFIELD TOWNSHIP, MI 48047

9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.

Area Code and Phone

Driver License # (Optional)

810-598-5863

K-640-777-603-298

10. ☒ REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.

11. Names and Addresses of depositories or intended depositories of committee funds.

11a. Official Depository: FATHER MURRAY FEDERAL CREDIT UNION
8171 TEN MILE ROAD

11b. Secondary Depository: CENTERLINE, MI 48015

12. This item applies only to a Gubernatorial Candidate Committee.

☐ Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: (We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.)

Current
Treasurer

Type or Print Name

Signature

Date

Mo. Day Year

Candidate

Type or Print Name

Signature

Date

Mo. Day Year

STEPHEN M. KRULL

05 05 00